

DISCLOSURE FORM

*If the answer to any of the questions "1" through "8" is "yes", you must attach a complete explanation. A "yes" answer to any of those questions is not an automatic denial of licensure. The circumstances will be investigated and reviewed. If you have previously reported the same incident to the Agency of Education, please indicate so. **Question "9" must be answered with a yes.***

	Yes	No	
1.			Have you ever been convicted of a felony or misdemeanor? If yes, please provide a written explanation and specify the court that issued the conviction. Please note that a plea of <i>nolo contendere</i> counts as a conviction of a criminal offense.
2.			Do you have any pending criminal charges? If yes, please provide a written explanation and specify the court that has jurisdiction of the charges.
3.			Have you ever had an adverse action taken against any application, certificate, or professional license in any state? Adverse action includes but is not limited to the following: letter of warning, reprimand, denial, suspension, revocation, or cancellation.
4.			Have you ever voluntarily surrendered a professional license or certificate or withdrawn an application for a professional license or certificate?
5.			Is there any adverse action now pending against you in any state by any professional licensing agency or have you been notified of any ongoing or potential investigation or inquiry regarding any professional license?
6.			Have you ever resigned, entered into a settlement agreement, or otherwise left employment as a result of alleged misconduct or incompetence?
7.			Have you ever been disciplined, reprimanded, suspended, removed or discharged from employment or student teaching because of allegations of misconduct or incompetence?
8.			Are you now, or have you ever been, required to register as a sex offender in any jurisdiction of the United States, including any state, territory, commonwealth, the District of Columbia, or military, federal, or tribal jurisdiction?
9.	YES		I acknowledge that the Agency of Education may receive updates to my criminal conviction record via VCIC's subscription service and may use this information to verify my answers to the above questions. I understand that this information will be used for reviewing my suitability for licensure. I further understand that within 30 days of receiving the results of the record check or update, I have the right to appeal the findings in writing to the Vermont Crime Information Center, Department of Public Safety, 103 South Main Street, Waterbury, Vermont 05671-2101.

Certification and Signature

I certify that the information provided on this application and in supporting documents and attachments is true and complete. I am aware that any falsification, misrepresentation, or misstatement of material information may be cause for a licensing action pursuant to 16 V.S.A § 1698 (1) (F).

Printed Name: _____

Signature _____ Date _____